



California Department of Forestry and Fire Protection
Office of the State Fire Marshal
California All Incident Reporting System

FIRE DEPARTMENT INFORMATION CHANGE NOTICE

To update information regarding a fire department already issued a Fire Department Identification (FDID) Number by the California Department of Forestry and Fire Protection (CAL FIRE), Office of the State Fire Marshal (SFM), please complete the information below and mail to:

California Department of Forestry and Fire Protection
Office of the State Fire Marshal
California All Incident Reporting System
P. O. Box 944246
Sacramento CA 94244-2460

Check box
below if entry
is a change

FDID Number: _____

Date Information Submitted to SFM: _____

- ☐ Department Name: _____
- ☐ Mailing Address: _____
- ☐ City: _____ Zip: _____
- ☐ Headquarters Address: _____
- ☐ City _____ Zip: _____
- ☐ Phone Number: _____ Fax: _____
- ☐ Fire Chief: _____
- ☐ OES Designator: _____ Email address (optional): _____
- ☐ TYPE: City____ County____ District____ Private____ State____ Federal____
- ☐ STATUS: Paid____ Mostly Paid____ Volunteer____ Mostly Volunteer____
- ☐ Deactivate FDID:_____ Merged with: _____ FDID:_____
- (Name of Department)
- ☐ Reactivate FDID:_____

COMMENTS: _____

Submitted by: _____ Title: _____

"Thank you, in advance, for sharing your updated information with CAL FIRE"

Questions or Comments? Contact william.gordon@fire.ca.gov or telephone: (916) 445-2891

For Internal Use Only:

Verified by: _____ Method of Verification: _____ Date: _____
FDID Database Updated by: _____ Date updated: _____
Date Information sent to CSFA: _____ CPF: _____ State Fire Training: _____